## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000087116

1. Entity Name REJUVACARE LLC



FILED Feb 21, 2007 08:00 AM Secretary of State

Principal Place of Business

101 NW 75TH STREET, SUITE 3 GAINESVILLE, FL 32607

Mailing Address

101 NW 75TH STREET, SUITE 3 GAINESVILLE, FL 32607



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3404771

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARKLEY, JENNIFER 12225 NW 129 TERR. ALACHUA, FL 32615

## DO NOT WRITE IN THIS SPACE

(Same	lons of regietered agent.	MCR/Pres 2/2/07
SIGNATURE.	Signature typed or printed name or egistered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKLEY, JENNIFER 12225 NW 129 TERR. ALACHUA, FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARKLEY, PHIL 12225 NW 129 TERR. ALACHUA, FL 32615	000000642479 03/01/07-80045 <sub>=</sub> 013/50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIF		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am famillar with, and accept the obligations of registered agent.